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	Substitute for form	1449/	РТО	Complete if Known		
	INFORMATION DIS	SCLO	SURE	Application Number	10/564,323	
	STATEMENT BY A	PPLI	CANT	Filing Date	6/16/2004	
	Date Submitted: Oct	obor '	1 2007	First Named Inventor	Angelika Maria DOMSCHKE	
	Date Submitted, Oct	obei	1, 2007	Art Unit	1618	
	(use as many sheets	as ne	cessary)	Examiner Name	ROGERS, JAMES WILLIAM	
Sheet	1	of	2	Attorney Docket Number	085449-0191	

	U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
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	A25	WO 99/33642 A1	07-08-1999	NOVARTIS AG; NOVARTIS-ERFINDUNGEN VERWALTUNGSGESELLSC HAFT MBH			
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Examiner	Date	
Signature	Considered	

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	NON PATENT LITERATURE DOCUMENTS						
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published.	Τ ⁶				

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